



# THE CALIFORNIA MEDICAL JOURNAL.

H. T. WEBSTER, M. D., EDITOR

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## THE WHITE LIQUID PHYSIC.

EDITOR CALIFORNIA MEDICAL JOURNAL—*Sir*: "White Liquid Physic" is one of the old remedies of the early Eclectics—and a very good one—but with the constant influx of new remedies, many of our practitioners are losing sight of it. Knowing that Dr. Bixby uses considerable of this remedy in his practice, I requested him to write a short article for the JOURNAL. A careful restudy of this article on the lines laid down by the Doctor, also as found in King's Dispensatory, will, I am sure, amply repay our JOURNAL readers. Respectfully, JOHN FEARN, M. D.

BY A. W. BIXBY, M. D.

I HAVE made frequent use of this valuable preparation now for ten years. Have used it mainly in chronic ailments.

A torpid liver, a faulty action of the kidneys, associated with *dyspepsia* or *indigestion*, has to me indicated its use. The patient has lost his accustomed vim and energy, feeling weak and tired nearly all the time. The skin has lost its clear, healthful tint, and inclines to sallowness. The tissues are flabby, showing lack of nutrition. Constipation is likely to be a disturbing factor.



If a reasonably full meal is eaten a *stomachic fullness* and *heaviness* ensues, and in all probability there will be *eructations* of food, *nausea*, and perhaps *vomiting*. These various phenomena will be mildly or fully developed in proportion to the duration of the producing causes. There is *digestive atony*, especially of the *stomach*.

White Liquid Physic is *the* remedy—at least a very efficient one—in such cases. Give a teaspoonful or *two*, in half a glass of water, *immediately* after meals. This aids in digestion, gives tone to the stomach, stimulates normal action of the liver, bowels, and kidneys, thus giving better nutrition, better waste, better blood, and hence better life of all the tissues of the entire organism. I frequently combine some proportion (half and half) of elix. lactopeptine with it, as such a combination is more pleasant to take and does the work well. In extra severe cases I frequently administer some one or two of the following remedies, as they may be indicated, before meals about one-half hour. Hyosciamus, collinsonia, nux vomica, pulsatilla, Lloyd's hydrastis, chionanthus, lycopus, cactus, Searby's cascara sagrada.

Thus: Burning or acute pain in stomach, hyosciamus; as a general tonic to mucous tissues, collinsonia or Lloyd's hydrastis; for general nervous torpidity or exhaustion, or if the liver be hypertrophical, nux vomica in small doses; sallow or jaundiced skin, chionanthus; to promote peristaltis and relieve constipation, Searby's cascara sagrada (very pleasant taste); for palpitation, irregular or weak action of the heart, cactus grandiflorus; for diabetes (or tendency thereto), insipidis or mellitis, *lycopus Virginicus*; for a mental condition that causes the patient to feel gloomy, despondent, melancholic, pulsatilla.

The patient is directed to take reasonably plentifully of nutritious food, and if stomach remains *full* and *heavy* to uncomfortableness for two or three hours after meals, to repeat the dose of White Liquid Physic in water as before.

Thus I have successfully treated many cases of dyspepia, several of them having been under various kinds of treatment with but little if any material benefit before coming under *my* professional care.



## PICROTOXINE IN COLLIQUATIVE SWEATING.

BY JOHN FEARN, M. D., OAKLAND.

THE night sweats of phthisis and other diseases are phenomena with which almost every person of adult life is quite familiar. The causes of this condition are not easily pointed out in all cases. If we could tell in every case whether the difficulty was centric or peripheral in its origin, then in the light of modern therapeutics the work of prescribing for this pathological condition would be comparatively easy—but there are times when we cannot certainly tell. According to Ringer, remedies that affect cutaneous transudation do it through their influence on the nervous system. He says, quoting from Marmie and Nawrocki: "Acetate of ammonia, physostigma, nicotine, and picrotoxine act on the cord; physostigma and picrotoxine, on the sweat centers in the medulla; pilocarpine, on the peripheral nervous apparatus. This reads fine, but granting for the sake of argument only, that these propositions are true, it then becomes a fine point for the diagnostician to decide whether the difficulty be in the cord, the medulla, or the peripheral nervous apparatus. Murrell has used this remedy with considerable success in the night-sweats of consumption. He recommends a dose at night of from 1-180 to 1-60 of a grain; he says the sweating will then disappear for about ten days, when it begins again and the dose must be repeated. This would look as though it only palliated the difficulty. I have been using this remedy for years and my success in relieving colliquative sweating has been very gratifying. I can only call to mind one case where the relief was only partial, and that was a very unpromising case from the beginning, and the remedy was not fairly tried. I give a much less dose than is generally prescribed. I use altogether the 3x trituration. Give several two-grain powders of this preparation in the evening, say one at five o'clock, one at seven and one at nine. My way has been to medicate like this for four nights in succession. It is usually prompt, acts pleasantly, leaves no bad symptoms in its train, and I do not generally find a necessity to medicate long with this remedy.



I call to mind a case of inflammatory rheumatism I treated about three years ago. It was a bad case. Realizing that much of the poison must be eliminated through the skin, I favored free perspiration, using mild means therefor. He began to sweat profusely, and kept this up for days. With the sweating, improvement commenced in every direction; when, so far as the disease was concerned, he began to convalesce, the sweating continued unabated, I began to think it was time to use mild means to check it, for the man seemed literally melting away. I prescribed in this case:—

R    Picrotoxine, 3x trit., grs. xv.  
      Aqua, to ℥ij.

M. Sig.—℥i every two hours in the evening.

The relief was prompt. I have since then used it several times in solution in this way. It does the work. To conclude, I find this plan of using the active principle of *cocculus ind.* to be in every way satisfactory. So far my experience is that the remedy cures; it cures *safely*, it cures *pleasantly*, it cures *quickly*.

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## THERAPEUTIC CLASSIFICATION.

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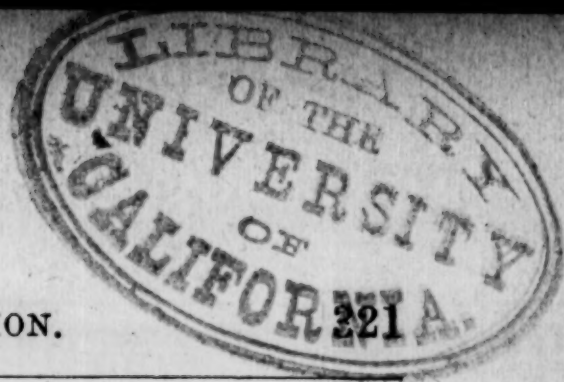
BY H. T. WEBSTER, M. D.

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IN the study of therapeutics, classification formerly constituted quite an imposing feature of the plan pursued; medical writers were disposed to give more attention to the arrangement of the *materia medica* into groups suggestive of the general action and use of agents, than to the individual study of each drug separate from its analogues. More modern writers, recognizing that much of the best knowledge of the virtues of remedies were thus overlooked, have discarded the plan of classification, and given the individual study of each drug separate attention, ignoring the grouping of medical agents altogether.

Individualization is, without question, an excellent plan to pursue in therapeutical research. This is so because every drug is peculiar to itself in one or more respects, and upon this peculiarity is liable to depend its most sterling quality as a curative agent.





### THERAPEUTIC CLASSIFICATION.

In the general classifications of old methods of study and practice, this very quality was the one most liable to be overlooked. Still, a comparison with analogous remedies has been found advantageous frequently in order to emphasize some peculiarity of the agent under study, and impress it more forcibly upon the mind of the student.

But there is a rational plan of classification for remedies which will facilitate our knowledge of medicine, and which is adapted to biological principles. It considers not only the mode of action of single remedies, but also considers their action in large and in small doses. It is such a classification as can be adapted to the present state of medical knowledge without regard to schools or schisms, for it makes physiology its basis and the conservation of the vital forces its central object.

In this classification, dose is often the essential element in determining the place of an agent, though one agent may occupy two or perhaps three positions as determined by dose and other circumstances.

In the examination of this classification, we will start out upon "the dual action of drugs," as advocated by some writers, but really upon the difference in amount of action, as determined by the size of dose, with many agents. Take ipecac, for example, a drug which in large doses disturbs the gastric functions violently, the disturbance resulting in nausea and powerfully inverted peristaltic action—vomiting. Here we have no augmentation of function, but instead, an abnormal condition is for the time set up—an artificial disease. How does a minute dose of the same agent affect the stomach, for it, as well as the large dose, manifests a selective affinity for the gastric sphere? Administered to a healthy person in doses too small to produce unpleasant sensations, its influence might be counted as naught, and yet in the same doses, when nausea and vomiting occur in disease, with irritation of the part and disturbance of function, it tends to the correction of the abnormal state. This is an example of a great number of instances where the large dose arrests normal function, while the small dose conduces to restoration, when the disturbance is that of disease. Dose, then, if nothing else, would divide



a large number of remedial agents into two general classes, of which we might christen one *dynamical*, because they act in unison with the operating forces of normal life, and the other *statical*, because they oppose or arrest such action. Not all agents, however, can belong to both these classes. Calcareo ostræarum, while not a serious disturber of function in large doses, is an agent admitting of great possibilities as a dynamical remedy.

Both kinds of action are of value in the management of disease. The homeopath disdains the statical influence of a drug except as a means of "proving" its sphere of action, and the adherent of the motto, "Conserve the vital forces," might argue that it is bad taste to employ measures in the management of disease which will tend to arrest, or disturbance of function. Occasionally, however, it is advisable "to wound to heal;" the derivative effect of a drug, or its detergent action, or its soporiferous influence, may be highly desirable. Emetics, though for a time perverters of function, are an important item of the wise physician's resources—not confined to those cases where simple evacuation of the stomach is indicated, by any means. The follower of Thompson will attempt too much with this class of remedies, and will be liable to do harm by indiscriminately subjecting his patients to emesis; but this is no argument against their rational use where clinical experience has proven their value. Cathartics were abused in the days of ignorant and superstitious medicine, until many physicians have grown to abhor and avoid them altogether; still, while we realize that they disturb the alimentary functions, and are but sorry promoters of secretion as a rule, we believe a peristaltic persuader is occasionally very essential to a successful and satisfactory practice. As much may be asserted of diaphoretics, narcotics, antispasmodics and other crude drugs.

Agents of the other class must often be administered in very minute doses in order to derive the expected result. An abnormal state of a tissue or organ renders it excessively sensitive to drug influence, and all the good effect hoped for may be neutralized by impressing the part too powerfully. Gross minds are shocked by the idea of impressing vital processes by the minute doses suggested by those who deal in the dynamical



action of drug agents. Especially is this so if the ideas of therapeutics that have marked the old school, have been the early impressions of the student. Much of the finer and accurate knowledge of therapeutics has thus been lost for years, and it will be a long time yet before the great mass of the medical world will investigate this department without bias.

Dynamical agents may be divided into two groups. Possibly the division might be carried still further, but at present we will consider two classes: From the inception of embryonic life the two principal essentials of existence and development are *plasma* and *plastic force*, and these two essentials are paramount throughout the life of the individual. There must be a properly-prepared material for the supply of the body, and this must be properly distributed, while each part must possess the ability of appropriating that which is most needful for its special wants. One class of dynamical therapeutics includes those correctives which are demanded by alteration of the quality of the blood or other fluids destined for the nourishment of the body, as well as those which exert an influence over the distribution of such fluids. Thus, in lack of the salts of soda, as indicated by the pallid mucous membranes and white coating of the tongue, we would use a salt of soda as a corrective, and consider it a plasma remedy; or if there were dark red discoloration of the mucous membranes—beef-steak tongue, indicating lack of acids in the economy, we would prescribe hydrochloric acid; or if there were the brown coating with brown sordes on the teeth and lips, we would expect to correct the perverted state of the plasma with sulphurous acid; and so on throughout the various states that clinical experience has demonstrated remediable by special agents; and as these tend to the correction of abnormal states of the plasma, we would include them under the general term, plasma remedies. Another group of this same class would be those which influence the system concerned in the elaboration of plasma from the partially developed material furnished by the hepatic vein and lacteals,—the lymphatic glandular system. The raw product of the portal vein poured into the blood after passing through the liver is but partially fitted for reception by the tissues, and as much may be said



of the fatty material entering through the intestinal villi by the lacteals. Upon its entry into the blood stream it is barely in a condition to be tolerated there; indeed, if there be faulty action of the preparatory organs, this new material is not tolerated, but is cast out, especially the albuminoids, by the kidneys. Faulty plasma elaboration then may fairly be ascribed in many cases, especially in such states as those described by the terms scrofulous, tuberculous, etc., to faulty action upon the part of the lymphatics, and the term plasma remedies would include those influencing the functions of these parts—remedies of which we know but little, but which will be found largely among the vegetable agents denominated by older writers as alteratives. Still another group of remedies will be included in this class, not because they resemble those already mentioned, but because they exert an influence over the distribution of the plasma when the normal circulation is in any manner interfered with. This group comprehends the class known as arterial sedatives—aconite, veratrum, gelsemium, jaborandi, antipyrine, as well as those which accelerate the circulation when its functions are feebly performed, belladonna, capsicum, and diffusive stimulants. To this class might be added those agents which constitute the inorganic parts of the blood and tissues, for these occasionally become important remedies, though they might more properly perhaps be classed as foods.

To the second subdivision of dynamical agents we would apply the term plastic remedies, because their influence is largely exerted upon the plastic power of the tissues. These manifest a special affinity for special parts, or organs, of the body. Taken into the circulation, they are selected by those parts specifically influenced by them. Some of these are organ remedies influencing the structure and functions of organs; others select special localities of the various parts of the body. *Phytolacca*, in its affinity for the mammary gland; *polymnia*, in its affinity for the spleen; *digitalis*, in its affinity for the heart, might be instanced as organ remedies; *rhus tox.*, in its influence upon the cellular tissues of the face; *bryonia* for the pleura, and *calcareo carbonica* for the mucous membranes generally, are examples of remedies selective of tissues instead of organs. It is undeniable that the old classi-



fication was founded on the fact of the selective affinity of drugs. It was this which gave rise to the naming of emetics, cathartics, diaphoretics, diuretics, expectorants, etc., but these agents being used in large doses are opposed to promotion of function, and are therefore not dynamical agents.

Every tissue possesses within itself an inherent recuperative energy endowing it with the capacity of selecting from the circulating fluids the requisite pabulum for its maintenance in health, despite the wear and tear of active life, and also for its recuperation when impoverished or debilitated by disease or injury. It is true that disease or injury may be so severe as to destroy the life of the part at once, but while the circulation remains, this conservative force must receive a powerfully devitalizing shock to destroy the local recuperative power.

But this may become impaired, and if it involve tissues of an organ upon which important offices of the economy depend, serious results will follow, unless recuperation can be promoted. The heart thus being at fault, we would think of those plastic agents which influence its nutrition, and thus its functions, and from the group of cardiac agents we would attempt to select that which would fulfill the demand by encouraging a better appropriation of pabulum to its needs. In this way every organ of the body may be influenced, and a better condition arrived at when the part has become diseased, by selecting the proper plastic remedy.

Just where the line of demarkation between functional and structural disease lies, is a fine point of discrimination. "Whether it be possible," says Green, "for the function of an organ or tissue to be abnormally performed quite irrespective of any alteration in its structure, admits of some doubt. At all events, as our methods of minute investigation improve, and our knowledge of morbid histology increases, the class of functional diseases grows less; and although there still remain a large number of diseases in which we are unable to recognize any alteration of structure, and which, therefore, must still be described as functional, it is probable that all disease will ultimately be found to be attended by more or less material change." Under such views it would be quite proper to class all those remedies markedly influencing the



functions of an organ or part, as plastic remedies, though in doing so more or less encroachment upon the domain of the plasma remedies would result when the functions of the blood-making organs were considered. However, it is not technical classification we desire so much as a rational application of therapeutics. If we can have a definite object in view, in the selection of a therapeutic agent, and can know enough of the laws governing therapeutic action to select with something akin to certainty, we will have advanced the art of medicine a little nearer the point where it may justly be classed among the sciences.

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## CORRESPONDENCE.

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TACOMA, W. T., July 14, 1888.

EDITOR CALIFORNIA MEDICAL JOURNAL—*Dear Sir:* In a letter to you published in the October number of your valuable journal, I promised to relate to you the progress of a case of ovarian cystoma which I was then operating upon by "tapping." On the first day of the present month I operated upon the lady, removing a large cystoma, after removing six gallons of syrupy fluid. I had previously (dating from a year back) removed fifty-nine gallons of similar fluid. Patient seemed to rally well from the immediate effects of the operation, but upon the following afternoon was taken with a severe chill, and before I could be summoned to her bedside she died. I had strenuously insisted upon an operation a year ago, before any fluid was removed, but after agreeing to an operation, and all preparations for the same having been made, she would not permit it. I think the result would have been favorable had not the adhesions following the frequent "tappings" been so extensive. There were well-marked signs of localized peritonitis observable at time of operation, and at *post-mortem* examination which I made a few hours subsequent to her death. This makes three cases of abdominal section which I have performed within a year, with one recovery and two deaths. As I promised to state to you the outcome of the case, I have just reported, and as I believe it incumbent upon us to re-





LETTERS.

late our failures as well as our successes, I send this account to you. Fairness, candor, and impartiality have ever been characteristics of your able journal, and I always feel at liberty to state my views freely upon medical subjects when writing to the CALIFORNIA MEDICAL JOURNAL.

It seems not a little strange to me that there is no other alumnus of (liberal medicine) the California Medical College on the Sound. Tacoma has about sixteen thousand population; Seattle, nearly twenty thousand population. Olympia has three or four thousand population, besides a number of smaller cities. I don't only think, but know ("as well as we can know anything we don't know"), that twenty or thirty Eclectics from the California Medical College could get rich in this Northwest Country, as it is called here. I know graduates of the California Medical College are doing well throughout California, the South, and elsewhere, but we need some on the Sound as well. Fearing that I trespass upon your space and patience, and thanking you for former courtesies extended to me, I am, etc., very respectfully yours,

C. E. CASE.

"WHERE IS CALIFORNIA CLIMATE FREE FROM MALARIA?"

EDITOR CALIFORNIA MEDICAL JOURNAL: I am not a subscriber to the CALIFORNIA MEDICAL JOURNAL, but a desire to add my mite to a knowledge of the great, and as yet partially developed, health resources of California, will I trust be considered an excuse for introducing my humble opinions. A recent number of the JOURNAL was handed me a few days ago, and my attention directed to an editorial therein, under the above heading. My experience and observation are but of a twelve-months duration, and yet I feel warranted in the assertion that Needles, California, is free from malaria. In the space of one year I have prescribed for and treated in the hospital and dispensary of the Santa Fe Railway Employes' Association at Needles, more than eight hundred patients, and not one of these exhibited the slightest symptoms of malarial poisoning *contracted here*. True, among these



there were several cases of intermittent and remittent fevers, but examination and inquiry invariably revealed the fact that the patients had lately resided in the malarial districts of Texas, Arkansas or Mississippi. Intelligent and observant laymen, who have resided here for five years and upwards, assert positively that they have never known of a case of malarial fever or chills and fever here, during that time. Of course one swallow is far from making a spring, but when it is taken into consideration that the Atlantic and Pacific Railroad Company employs more than two hundred and fifty men who have headquarters here continually, and that many of these employes have families who reside here, and that these numbers, added to the number of those who are engaged in other business pursuits here, we have thus aggregated a varying population of from three hundred to five hundred, from which to judge. Admit a certain freedom from the effects of malarial poison, acquired by a peculiarly strong constitution, and a long residence in malarial districts, which experience teaches me can be acquired, and yet surely three hundred to five hundred persons cannot without exception be possessed of this happy peculiarity! Just where the line of demarkation is located I am unable to say, yet I feel confident that the greater portion of that immense waste known as the Mojave Desert possesses this same immunity from malarial taint. Indeed, the Mohave Desert, as a health resort, will yet, in my humble opinion, come into prominence, and, despite its arid, dreary, cheerless appearance, will prove more beneficial to the health-seeking invalid than any locality in the great West.

Again begging pardon for trespassing, permit me to subscribe myself,

Your obedient servant,

JAMES P. BOOTH, M. D.

*Resident Surgeon Needles Hospital.*

*Needles, Cal., July 27, 1888.*



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SELECTIONS.

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THE USE OF PHOSPHORUS.

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To make tincture of phosphorus put a small lump in a bottle of alcohol, then place the bottle in hot water. When the phosphorus is melted, cork tight and shake vigorously until the fluid is cooled below the melting point of the metalloid. The phosphorus will be in minute particles like granules. As alcohol only dissolves a very small per cent of phosphorus, a small lump will make a pint of the tincture. The dose is five to ten drops.

We have seen several brilliant cures of intercostal and facial neuralgia accomplished by phosphorus in five or ten drop doses of the tincture in water three or four times a day. We have known two cases of old standing cystitis that had got ahead of all the doctors that treated them, to finally get well under tincture of phosphorus taken in smart-weed tea. The objection to the medicament in this form is the matchy taste of the eructations, which are almost constant.

A fine phosphorus pill is made by dissolving the medicament in common resin in this way: Melt the resin in a water bath made of strong brine. This is to get the proper heat, as plain water will not be hot enough. When melted weigh out a definite quantity of phosphorus, say ten grains, if you can get it in a single lump so much the better for putting it in the melted resin rapidly so as to avoid the phosphorus taking fire. It needs some care and dextrous manipulations to do this. You will succeed best by splitting the end of a small stick and using it as a pair of tongs to seize the phosphorus, and quickly plunge it into the molten mass. Remove from the fire, stir well until the phosphorus is melted and thoroughly incorporated with the resin, and until it is cooled a little. The strength should be about one grain of phosphorus to forty grains of resin. Rub up in a mortar, then make into pills with any extract. Each pill should contain one-fortieth of a grain of phosphorus.

We have known these pills to cure neuralgias of inveterate



forms, skin diseases that nothing else would cure so far as known, chronic spinal irritations, many of the worst forms of dyspepsia that were owing to the great enfeeblement of the nervous system. These pills combined with solid extract nux vomica and capsicum cured many a bad case of skin disease and dyspepsia.—*Georgia Eclectic Medical Journal*.

### CAPSICUM.

CAPSICUM is, in our opinion, the purest stimulant in the materia medica. It possesses the properties of ergot and nux vomica combined. It is a pure stimulant to the ganglionic system of nerves, and acts on unstriated muscular tissue. It increases arterial tension by stimulating the vasomotor center. It is at the same time a sedative and a stimulant to the stomach and intestines, one action is on the mucous membrane, the other on the unstriated muscular tissue, and the third on the glands of these organs.

Its action is both direct and reflex. Capsicum increases peristaltic action by stimulating the filaments of the sympathetic and the unstriated muscular fibers of the intestines. In this way it cures chronic constipation. We have cured many severe cases of this trouble, the atonic, with infusion of capsicum. We know of no medicament that can be any more relied on in atonic dyspepsia caused by catarrh of the stomach and duodenum, than infusion of capsicum. Its action is surely on the catarrhed mucous membrane and glands, on the nerve endings of the mucous membrane, acting on them as a tonic stimulant, and thus controlling the secretion of the glands of the organ, it contracts the arterioles of the mucous membrane in virtue of its action on unstriated muscular tissue. In all probability it acts on the local vasomotor mechanism of the parts, stimulates them to a greater functional activity, in virtue of which the nutrition of the tissue is enhanced.

In some cases of adynamic fever and inflammation, capsicum is the remedy to wake up the latent energies of the ganglionic nervous system, and keep the forces of organic life jogging on un-



til the crisis is passed. It slows the heart and firms the pulse, and strengthens the respiratory centers, a failure of which is often slow, yet certain, decline to the grave. In delirium tremens we have seen a very strong tea of capsicum steady the shattered nervous system, stop the delirium and restore the appetite.

In all cholera and cholera-morbus formulæ, capsicum holds a conspicuous place. The old Eclectics used it freely and liberally in the treatment of cholera with remarkable success. They gave it by the mouth and rectum. It was surprising how rapidly it brought many apparently hopeless cases out of the jaws of death.

Nothing in our experience equals half a pint of capsicum tea drank hot to break up a cold, stop the rigors, remove the aches from the bones. It is the best remedy we have after an emetic, to break up a coming pneumonia or typhoid fever.

The old-fashion "No 6" is a wonderfully good medicament. The "third preparation of lobelia," composed of capsicum, lobelia, lady slipper root, is the most perfect anti-spasmodic and relaxant we have. We have reduced strangulated hernia while the patient was fully under its influence, have cured cases of intussusception with it.

Capsicum tea has cured uterine hemorrhage—*post partum* and other kinds, when other medicaments have failed. It was the main element in all gargles the old Eclectics used for the throat affections of all forms of scarlet fever, and with unbounded success. We have seen it applied to indolent ulcers in infusion, with immediate good results. Capsicum tea seldom fails to cure bilious colic.

When your fever patient is very low, pulse weak and quick, first sound of heart hardly audible, delirious, sordes or mucous membranes, remember capsicum. Externally it is the most valuable agent for the cure of boils and painful swelling, using the strong tincture painted on the parts. A cloth rinsed out of hot infusion of capsicum and applied to the swollen breast of parturient women seldom fails to abort a threatened suppuration of the gland, at the same time she takes capsicum tea. A strong tincture painted over neuralgic spots often cures the case. We have



seen purulent ophthalmia cured by dropping No. 6 into the suppurating eyes. The effect was excellent and the cure rapid.

However, do not forget it, capsicum and lobelia go together.

We recall a desperate epidemic of puerperal fever that swept through a neighborhood many years ago. The disease followed the practice of every doctor. All the Allopaths lost every case they had; the Eclectics cured nearly every case they had; their main reliance was on capsicum, lobelia and bayberry.—*I. J. M. Goss, M. D., in Georgia Eclectic Medical Journal.*

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**FOREIGN BODY IN THE BLADDER OF A LITTLE  
GIRL EIGHT YEARS OLD, PRODUCING RE-  
FLEX SYMPTOMS THAT WERE DIAGNOS-  
TICATED AS BEING CAUSED BY  
ASCARIDES IN THE RECTUM.**

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ONE night at twelve o'clock, in the month of January, I was called to see a patient with the following history:—

The patient was a little girl eight years of age, that had been sick since the middle of September preceding. The father told me that the child had been attended at first by another physician, who had called in the physician now in attendance, and they both were in accord as to the diagnosis, which was that the child was troubled with worms (ascarides). The treatment of the first physician was not successful, and so they concluded to keep the last doctor. At the most urgent solicitation of the parents, I consented to take the case. I remarked that a case of pin-worms could be hardly serious enough to call a physician in the night, but they insisted that I could have no conception of the way the little patient suffered. They informed me that worm medicines had been given for a long time without effect, and the worms occasioned so much suffering now that it was necessary to give the child, every night, opiate suppositories to ease her sufferings.

They said she suffered constantly with pains and distress in the rectum "caused by the worms," and they added that she had to urinate every few moments. This was about all they said at that





first visit, and as I saw the mantel-piece literally covered with medicines which had been prescribed and dispensed to the child for worms, I gave a dose of belladonna, and ordered hot water douches against the rectum and perineum, simply to ease the child's suffering. I visited the child the next morning, and found that she had passed a better night. I made inquiries about the worms, but could elicit nothing satisfactory, except that the worms were certainly there, and that they were the whole cause of the trouble. I placed the child upon a careful diet and continued to treat the patient rather expectantly for several days, the mother telling me that she thought the child did not suffer so much since I took the case in hand. One morning I came in, and they told me that the child seemed to suffer now about as much as ever, and that she had passed a bad night, and had to rise every few moments to pass water. I was in a quandry, and had not yet made a rational diagnosis, but at this moment the child passed water involuntarily, and seemed to have a spasm. I remarked this to the mother, and she said that she had suffered exactly in this way for two months past, "all from the worms."

I at once made the remark that it looked to me as if there must be a foreign body in the bladder. The mother then called me into another room, and said that there was one fact that she perhaps ought to tell me. She said that about the middle of the previous September, early one morning, the child woke the parents up with a scream. The father and mother both sprang out of bed and asked what was the matter? She told them she had "lost a hair-pin in her." The mother hunted for the hair-pin and could not find it, and then they sent for the first doctor named, and he came and professed to make an examination, and stated that nothing of the kind could be there. After this nothing more was said about any hair-pin being lost in the vagina, but the doctors in attendance insisted that the mother was unnecessarily alarmed, and was nervous, and that all the symptoms came from worms. I then questioned the mother about the hair-pin, and she told me that the child confessed that she was rubbing her privates with a hair-pin, and had been taught to do so by a nurse-girl. I now questioned the child about the circumstances, and asked



her particularly just what the nurse-girl told her to do. The child seemed to be very precocious and remarkably developed for her age, and would give me no satisfaction regarding the circumstances, and finally, in reply to a positive question about the matter, said, "I won't tell you." I then concluded that the lost hair-pin unaccounted for was probably in the bladder, and was the sole cause of the trouble that had been attributed to "worms."

I then placed the child upon a table and administered chloroform, and introduced a sound into the bladder, and at once found a foreign body that I knew must be the hair-pin so long lost, and that had caused all the trouble.

I called in Dr. Parsons the next day, who also made an examination of the bladder with a sound, and confirmed my diagnosis as to the presence of a foreign body there. The urethra was then dilated, and the hair-pin was found to have the prongs downward, as it had probably been introduced with its closed end pushed into the urethra, and at every evacuation of the bladder, when it was collapsed, the two sharp points of the pin would stick into the walls of the bladder and cause spasmodic contractions and dreadful pains in the child. One end of the hair-pin was seized by a small forceps introduced into the bladder, and then a piece of a small elastic catheter was inserted into the urethra and pushed over the other end, and in this manner the hairpin was extracted from the bladder. The child made a perfect recovery from the traumatic cystitis that it had suffered with for four months, and which had been treated as the result of the presence of worms. The lessons to be learned from this case are of no little importance to the practicing physician: first, it is always requisite for the physician careful of his reputation to make a careful diagnosis; second, we learn from this case that a child eight years old can be taught to practice masturbation; third, that a child of this age can introduce a foreign body into the bladder.—*T. Griswold Comstock, in Investigator.*



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## HOW TO MAKE A POST-MORTEM.

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1. *General Aphorisms.*—Make the *post-mortem* as soon as possible after death, as putrefactive changes modify the appearances of pathological as well as of normal organs.

2. The operator needs a long scalpel, a pair of scissors, a pruning-shears-like scissors, a pair of forceps, a large needle, twine, and a large sponge. To open the head and the spinal column a saw, a chisel, and a hammer are also required. Several newspapers, a piece of rubber cloth, several pieces of old cloth, a slop-pail, and a pitcher of water should be at hand.

3. Have everything ready before you begin. Do the operation slowly and carefully. Be careful not to cut yourself; but if you do, wash the cut well immediately and paint with collodion.

4. In making a written report, describe as well you can what you see, but never what you may think.

5. If you are going to make a post-mortem examination of more than one part of the body, proceed as follows: brain, spinal cord, thorax, abdomen, and other parts.

6. *Brain.*—Put subject on his back on a table; head on a block. Make an incision over the top or crown of the head from ear to ear.

7. Cut from within outward so as not to injure the hair. Loosen the scalp, both the front and the back part by the hand and the scapel, and turn the front forward, and the back backward.

8. With a saw saw off the top of the skull in a diagonal way. It will fit better after the operation has been made than a circular cut.

9. Lift off the the top skull piece and examine the dura closely. Then remove the dura and lay it back "without."

10. Cut optic commissure and the different roots of nerves and the spinal cord as far as possible.

11. Remove the brain; place it up side down in the skull-cap. Remove the arachnoid membrane; examine the base, whether circle of Willis is all right, and what is the condition of the blood-vessels in the fissures.



12. Turn the brain over in a vessel; remove the membranes; examine the convolutions; separate cerebellum from cerebrum.

13. Open third ventricle by cutting antero-posteriorly down one-eighth inch from median fissure. Examine lateral ventricles and fifth ventricle. Any blood?

14. Make antero-posterior cut through one hemisphere of the brain, and transverse cut through the other hemisphere, to examine the substance of the brain for softening.

15. Examine fourth ventricle and *arbor vitæ* of cerebellum.

16. Put back the brain, cover with the dura, put back the skull-cap, and sew up the scalp nicely.

17. If the brain is to be kept for future examination, fill the cavity of the cranium with a sand-bag.

18. *Spinal Cord*.—Body on a table face downward, with a block under the thorax.

19. Make an incision along the ridge formed by the spinous processes of the vertebræ from the occiput to the sacrum. Dissect up the skin, fascia, and muscles, filling the vertebral grooves, leaving the laminæ bare. Saw nearly through the laminæ in a line with the roots of the transverse processes, and on each side of the spinal processes.

20. Lift out the arches with the chisel; cut the nerve roots of the cord; cut it near the medulla oblongata and near the sacrum. Remove it; examine for injury, or blood, or serum, or pus beneath membranes, or softening of the cord. If necessary keep a piece for microscopical examination.

21. Replace the cord; replace the spinous processes. Sew up the skin nicely.

22. *Chest*.—Body on the back on a table. May or may not have a block under the small of the back.

23. Make an incision from commencement of sternum to some point in the linea alba; cut through the cartilages on each side of the sternum four inches apart, with the pruning-shears-like scissors. Lift the sternum out or turn to one side. First note condition of things before removing any organs.

24. Take out the lungs and the heart together, by cutting through the arch of the aorta, and other arteries and veins, and the right and the left bronchus, and all other attachments.



25. *Heart*.—Examine the pericardium; cut open the cavities of the heart; examine valves and walls of the heart.

26. *Lungs*.—Examine the pleuræ; inflate lungs to note perforation. Examine the substance of the lung.

27. Aneurisms, tumors, etc., within the chest need attention if present. Injuries should be carefully examined.

28. Replace organs; replace sternum; sew up nicely.

29. *Abdomen*.—Make an incision through skin and linea alba from xiphoid cartilage of sternum to symphysis pubis; open; if not enough opening, make transverse incision across the abdomen on a median point.

30. Examine first for fluids, serum, blood, or pus in the abdominal cavity. Does peritoneum show thickening or other inflammatory signs?

31. Examine and remove the spleen first, its size, shape, color, and density, and the appearance of the capsule. An incision parallel to its flat surface will expose the follicles, trabeculæ, and pulp.

32. Examine omentum and small and large intestines in rotation, and note any injury or pathological peculiarities they may present inside or outside. The duodenum should be examined *in situ* by an incision made by the scissors on the outer border in cases of jaundice causing death.

33. The stomach and the pancreas should be removed next, and the kidneys, ureters and bladder viewed *in situ*; if necessary they also may be removed.

34. In females the next step is, to remove the genital organs and examine.

35. The liver should now be removed and carefully examined by inspection, and by slicing it.

36. Note any other point which certain cases may indicate.

37. Then replace everything you do not have to keep for future examination, chemical, microscopical, or macroscopical, and sew up nicely.

38. The utmost care must be taken not to let the fluids in the abdominal cavity escape and soil the floor, etc.

39. *Other parts of the body*, limbs, face, neck, back, and external genitals should be examined in the same manner as we undertake dissections.—*American Medical Digest*.



## THE WIFE AND CHILDREN OF THE TOBACCO USER.

IN that most excellent book by Meta Lander, "The Tobacco Problem," may be found the following: "The wife of a certain smoker was afflicted with palpitation of the heart, deathly faintness, and hysterical symptoms. Her physician was at first puzzled, but concluded that she was a victim of tobacco poisoning. The unconscious husband, on learning the views of the doctor, instantly abandoned smoking, and was rewarded by the speedy recovery of his wife."

The evidence is abundant and overwhelming that children may be poisoned by living in an atmosphere polluted by tobacco smoke. A little girl, under my own professional care, did not respond to remedies that seemed plainly indicated by the symptoms. The patient had a poor appetite, was nervous, and constantly ailing, though not at any time seriously sick.

I was quite puzzled to account for the failure to cure the case. Several weeks passed and still the child did not recover, but was puny, did not grow, and was constantly complaining. It was ascertained that a relative of the child often smoked in the house where the little patient lived. The parents, as well as myself, came to the conclusion that tobacco was in all probability the cause of the illness; and the girl being removed to a place where no one used tobacco, promptly and permanently recovered her health.

My first hint that tobacco, smoked by another, could do a child any special harm, was from the following article in the *Pall Mall Gazette*: "I have one child, a little girl not two years old, a fair-haired, blue-eyed pet, who was as healthy as the birds when she was born. For more than a year past—ever since she was old enough to be less in the nursery and more with her father and me—she has ailed mysteriously. I could not say she was ill, yet she was never well. I was kept in a perpetual state of anxiety about her. The symptoms were entire absence of appetite, constant complaint of sickness, stomach and digestion altogether out of order.

"Last August I took her away by myself to a country town,



where we stayed two months. After the first week she flourished like a green bay tree; ate and drank and laughed and played, and kept me forever busy enlarging her garments. I brought her home—not so pretty and delicate in appearance, but robust. In one week all the old symptoms reappeared; loss of appetite, dark lines under the eyes, restless days, restless nights. Someone suggested the neighborhood did not suit her; and I was about to take her away again, when she caught a severe cold and was confined entirely to one room for three weeks. She recovered her general health completely while shut in her nursery. Appetite, spirits, sleep, all returned. It could not be the neighborhood. After her cold she joined us down-stairs again as usual two or three times a day. In less than a week sickness, etc., returned. I racked my brains about drains, wall paper, milk, water, saucepans, and everything in vain—the child slowly wasted. The weather was too severe to take her away. In an agony of mind I noticed one day that so far from outgrowing her clothes, as I had expected, they were too large for her. The little thing was not eating enough to keep up her strength, and we could not coax her to eat. Yet she was not really ill; she ran about and played in a quiet way, and looked fairly well to those who had not seen her more robust. Suddenly my husband was summoned into the country. A week after he went the child began to eat with eager relish. In a fortnight she was her own happy self, full of riotous spirits. ‘Her father never saw her like this,’ I remarked one evening when she was particularly merry and glad, and then the truth flashed upon me. It was his tobacco that made her sick. He has been away now for a month, and the child’s limbs daily get firmer and rounder, and she is the merriest, healthiest little mortal possible. He always smoked after breakfast and after lunch with her in the room, neither of us dreaming it was injurious to her. But for his providential absence this time I doubt whether it ever would have occurred to me, and we might have lost our darling—for she was wasting sadly. It was acting like a poison upon her. This is a true, unvarnished statement, which my nurse can corroborate.”

• If a man does not care for himself, he ought to have regard



enough for the welfare of his wife and children to refrain from the use of that which may prove of great injury to them; but, with many, it seems that tobacco is loved more than the members of the household; so the home must be poisoned with the fumes of tobacco, though the health of wife and children be thereby seriously impaired.—*People's Health Journal*.

### PSYCHOLOGY OF THE FŒTUS.

UNDER what condition are the movements of the fœtus preferably produced? Without doubt they are felt frequently whenever the mother experiences a shock of any kind. But in order that the fœtus may react from such shock it is not necessary that the excitation shall be sufficiently intense to produce visible or even conscient movement on the part of the mother. Pregnant women have told me that any somewhat sudden sound, or ringing of a bell, would cause movements of the fœtus, although the sounds had not caused (in themselves) either a startled gesture or muscular sensations strong enough to awaken their attention. It seems, therefore, that to excitations of this kind the fœtus gives a more sensible reaction than does the mother.

I have since observed at the Salpêtrière hospital an hysterical woman who was pregnant—one of those cases which present painful ovarian zones—and this woman stated that whenever she entered the closet of the photographic laboratory, in which red light was alone admitted, movements of the fœtus immediately commenced. I verified this fact on several occasions. Another pregnant woman told me of analogous facts in her own pregnancies.

One woman informed me that whenever she ate of dishes difficult of digestion she was troubled—after the meal—by movements of the fœtus. Certain foods, fish for example, had the power of exciting these phenomena, a fact to which a large number of pregnant women testified. These occurrences seem to show that the internal sensations of the mother determine movements in the fœtus which are analogous to those excited by external sensations. The influence of the physical excitation of the mother is quite as powerful. The effect of anger in her is to cause movements



in the foetus, and these are often produced in very great intensity. The same may be said of other violent physical conditions. I was once questioning a woman in the seventh month of pregnancy, (who already had a child), and she said to me, "I think there is a strange sympathy between the child I am carrying and the other one; when the latter cries out or weeps, the former shows extraordinary agitation, so much so as to give me sharp pains." Other women who have had several children confirm this.

A fact which I have not seen cited, but which appears to me very important, is the following, which I have heard from several women. Often in the midst of an ordinary dream, producing but a very moderate excitation, and not generally interrupting sleep, the women were awakened by foetal movements. The dreams, be it remembered, had nothing of the character of a nightmare—which would cause sudden contraction under the influence of a terrifying idea—they were merely the ordinary phenomena of sleep. The fact shows us that the mental changes of the mother excite motor reactions in the foetus, and that—like sensorial excitations—these reactions are stronger in the foetus than in the mother. Thus, before the child comes into the world, he has a foretaste of the supposed liberty he is to obtain in it.

The facts we now know concerning the circumstances under which the foetus is influenced, suggest a multitude of other facts, and all of them lead to the conclusion that they must be considered of high importance.

The hereditary nature of the causes which produce degenerated beings is a well-established fact, as is also the circumstances of progressive aggravation of such causes; and the organization of the morbid predisposition may be largely influenced by an accident, accompanying conception or gestation. We know, too, that in some cases of degenerated beings, we cannot find any trace of hereditary vices, and we must search for other causes. The facts we have cited enable us to understand how sensorial excitation, or repeated and violent emotions in the mother during pregnancy, may give rise to profound troubles of nutrition in the foetus, and especially in the nervous system of such foetus. And these congenitally degenerated beings (*ab utero*), can hardly be



distinguished from those having distinct hereditary originations of their condition. A considerable number of cases of epilepsy, idiocy, etc., are recognized as having arisen from alcoholism in patients. Physic troubles in the mother may react upon the foetus in an analogous way. The prominent facts which show the influence of the psychic state of the mother upon the somatic condition of the foetus will perhaps put us in the way of explaining the influence of the imagination of the mother upon the development of the product of conception. The opinion which attaches the origin of certain naevi to intense mental impressions on the part of the mother is not without physiological foundation. It may be admitted that, concurrently with the motor phenomena, stigmata may become developed by vascular and nutritive troubles produced under the influence of a strong excitation, or by the imagination. A number of facts already prove that they may be produced experimentally. (From *Sensation et Mouvement*, Paris, 1888.) *Jour. de méd et de chir.*, February.—*N. Y. Medical Abstract*.

### CASCARA SAGRADA IN RHEUMATISM.

THE effect of cascara sagrada in rheumatism I discovered by accident. About three months ago I was attacked with severe rheumatic pains in my shoulder, the slightest motion causing intense pain. The third day of the attack I commenced taking as a laxative ten drops of the cascara, t. i. d. The first morning after taking it the pains were so much less severe that I could move my arm freely. The day following I was entirely free of all discomfort.

Although, as I have intimated, I had not taken the cascara with any idea of relieving the rheumatism, it occurred to me a few days later that possibly the sudden subsidence of pain might have been due to the drug. There being a few cases of rheumatism in the wards, I determined to try to verify my suspicions. Discontinuing the salicylates, iodides, etc., which these patients were taking, I substituted extract cascara sagrada fl., 1 c. c., t. i. d. The result astonished me. Within twenty-four hours there



was marked improvement in every case. One case is especially worthy of notice. The patient was a Swedish sailor who had been admitted three months previously. He suffered intensely, and, although almost everything had been given from which relief might be expected, his suffering was not allayed. For a day or two after admission he improved on large doses of salicylate of sodium, but subsequently the pains returned as badly as ever, and the salicylate had no further beneficial effect. Iodide of potassium was given several different times, but, owing to an idiosyncrasy, could be continued only two days at a time, a profuse rash making its appearance over the patient's entire body, the pains remaining as acute as ever. They were not confined to any two or three joints, but felt in all, being more severe, however, in the wrists, finger joints, and ankles, all of which sometimes became cedematous. On the evening of February 5 I commenced the exhibition of fifteen-drop doses of cascara sagrada three times daily. The following morning he was about the same; the second day he was much better; on the seventh he was so far recovered that he asked and obtained permission to walk out. From this on he continued to improve steadily, and on the 17th of February was discharged recovered.

I have since used the cascara in fully thirty cases, some ten of which were in out-patients, and, with the exception of three or four in which there was a syphilitic taint, I have obtained the most satisfactory results. I commenced with 1 c. c., t. i. d., and have so far never had to increase it beyond 1.5 c. c., and even to this extent in but two cases. I have seldom had to wait beyond twenty-four hours for beneficial effects. In two cases I had to stop it temporarily, owing to its opening the bowels too freely. In such cases I would suggest that one of the preparations of iron be given (separately) at the same time. I usually combine it with syrup or glycerine in equal parts, and instruct the patient to take from thirty to forty drops in water. In one case in which neither it nor the salicylate of sodium appeared to give much benefit I combined the two with good effect. It is but seldom the bowels are opened too freely by it, the cases above referred to being the only ones I have so far observed.



Among the out-patients upon whom I have used it were two intelligent officers of vessels. One was an old river pilot who had periodically suffered intensely for years. I gave him equal parts of the cascara and syrup, of which I instructed him to take 2 c. c., t. i. d., and requested him to see me again in three days. He returned a month later, and then only to get the medicine renewed. He reported that he had never before had anything relieve him so quickly. The pains began to abate within twenty-four hours after taking the first dose, and in three days after left him entirely. He had had no return, but, for fear of another attack, had come to ask for a bottle to keep with him.

The second case was that of Mr. R., first clerk on a large river steamer. He was suffering so much with pain in the hip-joint and thigh that he could scarcely get to the office. I put him on large doses of salicylate of sodium, with colchicum and iodide of potassium, and instructed him to return in a day or two. In a week he sent a friend to say that the pain, instead of lessening, was so severe that he could not get to the office. The salicylate, etc., were stopped and he was given cascara syrup, thirty-five drops, t. i. d. This was on Friday afternoon. On Sunday he came to the hospital and reported that he had commenced taking the second prescription Saturday morning, and that on Sunday he had felt decidedly better. He was ordered to continue the drops, and report on Wednesday. Tuesday he sent word that he should be unable to report, as he was sufficiently recovered to resume his usual place on the steamer.

I am not able to explain the action of the drug in relieving rheumatism; I leave that to another observer. I write this in the hope of inducing other medical men to use the cascara, report their experience, and indicate, more particularly, in what class of cases they have found it of most benefit.—*H. T. Goodwin, M. D., in New York Medical Journal.*

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### PYRIDIN AS A CARDIAC EXCITANT.

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DR. DE RENZI states, in the *Riv. Clin. e Terap.*, that he has found pyridin to be an active cardiac excitant. He draws his





### PYRIDIN AS A CARDIAC EXCITANT.

conclusions regarding the action of the drug from the observation of seven cases which were in his own clinic.

1. Pyridin when given internally in daily doses of six to ten drops taken in water, is well borne, and may be gradually increased to twenty-five drops, or even more.

2. The drug increases markedly the cardiac systole and lessens the feeling of oppression and fear.

3. The number of cardiac pulsations lessens after the use of pyridin, simultaneously with the number of respirations.

4. By the use of pyridin the pressure of blood in the arteries is increased. After its use by means of the sphygmometer, the arterial pressure was always found to be greater than before.

5. From numerous graphic tracings it was seen that the ascending line of the curve became much higher; also that the pulsations became much more regular. In one case which had been marked by an arhythmic pulse, pyridin caused this to entirely disappear, and the pulse became normal and perfectly regular.

6. Pyridin has conquered angina pectoris (?), as it relieves the attacks more quickly and completely than any other remedy. In asystole it is also of great value, as it acts quicker than digitalis, and cumulative effects need not be apprehended.—*American Medical Digest.*

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JABORANDI IN OBSTETRIC PRACTICE.—Having for many years noted the fact that parturition does not progress favorably till diaphoresis occurs, I have for some months past induced this condition, in the early stage of labor, by giving fluid extract jaborandi (*green*—the brown has proved worthless in my hands). My plan is, when called to a case, to order a warm brick to be applied to the feet—which are always cold—and then to give one-third of a teaspoonful of fluid extract jaborandi in half a wine-glassful of water, and repeat the dose every half hour until perspiration occurs. It is very seldom that more than two doses are required. The first effect of this medicine on the patient is soothing, she becomes more quiet, and bears her pains with resignation. Upon being questioned the patient often states that her pains do not hurt her as they did. On examination,



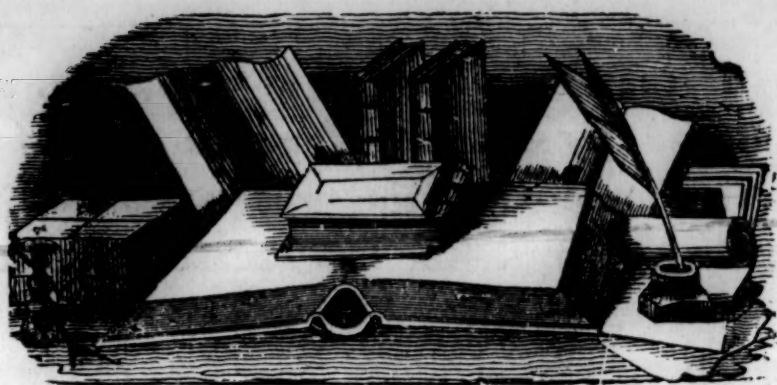
after diaphoresis occurs, the os will be found dilating rapidly; the soft parts to be in a favorable condition; and in a short time the labor will be satisfactorily terminated. Should the patient appear weak from the sweating, I wipe her face and neck with a dry towel, and give her a teaspoonful of whisky, or half as much of aromatic spirits of ammonia.

Since using the above remedy, I have had no occasion to use ether, chloroform or the forceps. I have not seen any mention of the use of jaborandi in obstetric practice; but, having had such favorable results from its employment, I recommend it to the consideration of the profession.—*Jerome Hardcastle, M. D., in Medical Register.*

*Lappa Major* as a uterine tonic and emmenagogue is noted by Dr. F. M. Strallon in *Therapeutic Gazette*. He discovered the value of this medicament in uterine diseases while treating a patient for psoriasis. The lady was also the victim of suppression and other menstrual irregularities. On being placed on teaspoonful doses of lappa major for the skin disease she soon had a free flow of menses—something uncommon to her. This was a pointer to the doctor. From that experience he was led into the use of lappa major in doses of one drachm in all the cases of menstrual irregularities that came under his care. He advises the medicament to be commenced before the menstrual flow, and continued a few days after it ceases. If constipation is to be overcome, he uses aloes to do the work.

One point we may note here, as a matter of experience, *viz.*, that many of the medicaments that cure skin diseases, also, to a large extent, cure uterine diseases, and many of the disorders of the mucous membrane.—*Georgia Eclectic Medical Journal.*





## EDITORIAL.

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**Relation of Pathology to Therapeutics.**—Consideration of the processes of life when perverted by disease is termed pathology. Investigation of this subject has advanced the standing of medicine greatly in modern time. The *post-mortem* study of disease structure—pathological anatomy—has done much toward affording clearer ideas of morbid processes and suggesting rational methods of treatment. A better and more appropriate classification of disease has also been the result of pathological knowledge, and it has moreover cleared up some obscure phases of etiology—the genesis and causation of disease—thus affording important assistance in the adaptation of preventive and restorative medicine to abnormal states.

It is highly important then that the medical practitioner should possess a knowledge of this subject. Without it he falls far short of being an accomplished physician, and is liable to faulty diagnosis and prognostication of disease which will tend to belittle his professional standing, and render him the scape-goat of his competitors.

However, important as this subject is to every physician, pathological knowledge cuts but a small figure in the field of therapeutics—the adaptation of remedies to disease. Here we must rely upon *expressions* of disease—symptoms to indicate the appropriate remedy, the expression having previously been noted empirically or learned through a knowledge of the selective affinity of a class of agents impressing the locality reflecting the expression. In such case the symptom might not afford any definite indication of the pathological state, and might manifest itself at a distance perhaps from the actual seat of the disease.



Observation of the tissue changes of disease during their evolution is surrounded by many difficulties. *Post-mortem* conditions cannot fully demonstrate the processes by which the alteration of previously healthy tissue has been brought about, nor can these processes always be studied during activity. True, the web of a frog's foot, the ear of a rabbit, or a fold of the intestine of a lower animal, may afford an opportunity of observing the prominent manifestations of inflammation, but the symptoms, pain, heat, redness, and swelling, are taken more into account than these in the selecting of remedies for inflammatory states. Pathological processes in the skin, the epithelia, and the eye, are open to frequent and easy observation, but the therapeutics of diseases of these parts have not made correspondingly rapid progress.

Certain of the functions of cells, as motion, growth and reproduction, can be observed through the microscope, and some of the changes of disease thus made note of, but to trace connection between these changes and the changes impressed by a therapeutic agent, or to be able to adapt an agent to specific cell function, must depend upon experimental and clinical research. Then we can, perhaps, only infer that particular pathological processes have been influenced, from the fact that physiological action has been re-established, rather than from ocular evidence that specific changes have occurred.

The manner of action of most therapeutic agents is unknown except as regards the gross results. True, Brown-Sequard observed contraction of the capillaries to follow the introduction of belladonna into the circulation, and the corollary of its administration in capillary congestion with successful result followed. Contraction of the arterioles has been observed to result from the influence of ergot and hydrastis, the latter influencing the muscular fiber of blood-vessels without producing a general action of that character; but not very much of value therapeutically has accrued from these observations, the empirical use of both agents having rewarded the investigator with better results; for the circulation exerts but a relative influence upon cellular and inter-cellular changes. The cell is the seat of manifestation of the most important physiological, pathological, and therapeutical action.



Doubtless, knowledge of pathology will afford some aid in the selection of the remedies of the future, as it has in the past; and knowledge thus gained will be of reliable and substantial character, not to be supplanted by more positive measures; but it will hardly be possible for the older plan of experimental test and clinical observation to be completely dispensed with.

Even in the parasitic diseases, pathology only informs us of the nature of the disease and suggests the plan of treatment—not the means. The specific agent to destroy the abnormal presence must be determined by experimentation—by clinical research—exploration in a field entirely foreign to that of pathology.

**Remedies Which Influence the Spleen.**—The prominent remedies which clinical experience has found to exert a selective influence upon the spleen when introduced into the circulation are as follows: *Carduus Marianus*, *Ceanothus Americana*, *Grindelia Squarrosa*, *Polymnia Uvedalia* and *Ranunculus Bulbosus*.

**CARDUUS MARIANUS** (*St. Mary's Thistle*).—This is a popular remedy in Germany, for jaundice and liver disturbances generally. It has been lately employed by the medical profession as a hepatic agent, with flattering results. Its affinity for the spleen has been attested by numerous observers. I believe that in cirrhosis of the spleen coming on gradually and not due to malarial influence, it is a valuable remedy. It manifests a striking influence in cases of chronic debility of obscure nature, attended by deep-seated pain in the splenic region, extending through to the left shoulder blade, with despondency and fearful forebodings impressing the mental sphere. The color of the skin in such cases is peculiar; not yellow enough to indicate much disturbance of the hepatic functions, but sallow and clayey in hue. The remedy has been represented as a successful agent in leucocythemia. It evidently influences tissue changes in some of the abdominal viscera, very searchingly. Ten drops of the mother tincture to four ounces of water. Dose, a teaspoonful before each meal and one at bed-time.

**CEANOTHUS AMERICANUS** (*Jersey Tea*).—This agent came to notice during the War of the Rebellion, as a remedy of prompt action.



in the relief of "ague cake." It has not been used by Eclectics to any great extent for this purpose. I have been observing its action in a few cases for the past three years, and believe it to rival polymnia in its influence upon the spleen. When uvedalia fails, this sometimes succeeds, and *vice versa*. It is preferable to polymnia when the enlargement is painful in character. A deep-seated pain in the left hypochondriac region, persisting, with history of malarious surroundings or manifestations, would suggest its use. In manifest cases of splenic hypertrophy, it has a good record as a curative agent; it also has proven speedily curative of deep-seated pain in the left side, where palpation failed to discover any enlargement. It is probable that its affinity for the spleen adapts it to diseases of that organ, not paludal in origin. Add half a fluidrachm of the tincture of the recent plant to four ounces of water, and order a teaspoonful four or five times daily.

GRINDELIA SQUARROSA (*Ague Weed*).—This was Professor Bundy's remedy for splenic troubles arising from ague. Long-standing pain in the region of the spleen, attended by indigestion, is a good indication for its administration. Bundy asserted that it acted more promptly than polymnia in splenic hypertrophy, and that it also was prophylactic against malarious infection. I have used it in chronic splenic disease where there was not hypertrophy, and where malaria was not a probable factor, with good results, pain being the indication which prompted its selection. In one case of general debility with dyspepsia, sallowness and despondency, shortness of breath on active exertion, and coldness of the extremities, with general feebleness of the circulation, I saw this agent effect a cure in a few weeks, after the symptoms had been present nearly a year. Bundy asserted its efficacy in leucocythemia—possibly in its early stages, if the disease has its origin in faulty function of the spleen, leucocythemia may be averted by it. A fluidrachm of Parke, Davis & Co.'s fluid extract should be added to four ounces of water or syrup, and of this a teaspoonful given four or five times daily.

POLYMNIA UVEDALIA (*Bear's Foot*).—Dr. Pruitt's spleen remedy is better known to the mass of Eclectics than any of the others of this group. For about twenty years it has been before them,



and it has been commended by all who have offered testimony in regard to its action. Indisputably, it possesses an affinity for the spleen, and succeeds in removing not only marked hypertrophy of that organ, but it also fulfills important indications in the relief of disturbance of associate organs when depending upon splenic origin. I have found this the most satisfactory remedy in gastric disturbances of ague victims of any remedy ever tried, and this would be one prominent indication for its selection from this group, when prescribing it, for its action on the spleen—gastric complication. It is not improbable, considering the intimate relationship existing between the spleen and associate viscera, through the reflexes of the solar plexus, as well as the blood supply through the celiac axis, that other members of this group may also prove valuable remedies in many cases of gastric disturbance; but this is the best one known to the writer, as a superior remedy in long-standing dyspeptic conditions hinging upon splenic disease. It does not exert so much of an antidotal influence against malaria as is reputed to *grindelia squarrosa*, and it is equally effective in reducing splenic hypertrophy whether the condition be due to malaria or not.

R    *Sp. m. polymnia uvedalia*, ℥ss.  
       Glycerine, ℥i.  
       Aquaë., ad. q. s., ℥iv.

M. Sig.—Take a teaspoonful before each meal and one at bedtime.

*RANUNCULUS BULBOSUS (Crowfoot)*.—This is an old Eclectic remedy, but not for affections of the spleen. Recent developments have brought it forward in this particular direction. I am not prepared to offer any testimony for or against it. From the testimony of others, I would recommend a trial of it in cases where *pain* in the spleen is a prominent symptom, and where enlargement is absent or not prominent; otherwise it may be considered a remedy for neurosis of the part. Where enlargement exists, *polymnia* or *ceanothus* should be alternated with it. It seems to resemble *grindelia squarrosa* more than any other member of this group. The remedy is a powerful one and should be used in small doses. Ten or twenty drops of the green root tincture may be added to four ounces of water. Dose, a teaspoonful four or five times daily.



**Narcotic Sensualism As Affecting Descendants.**—The evil effects of alcohol, opium and tobacco have been dwelt upon until the ground has been pretty well covered. We are not disposed to view the subject in a sentimental light; possibly some good may come of the agitation of the prohibitionist, but we believe the better way is the education of the masses. Those who will not be educated of course must go the way provided by the law of the survival of the fittest. But as a matter of professional interest, the experiments of Parisian scientists in the influence of alcohol on dogs is worthy our attention, not that they teach new ideas, but because they corroborate much that has been asserted of the degenerative influence of that drug on descendants in the human family.

Experiment demonstrated that a dog "chronically" intoxicated generated with a faultlessly healthy female twelve young ones, which all perished after a period of sixty-seven days; two were dead born, three died accidentally, and the remaining seven died from epileptic fits, enteritis, pulmonary and peritoneal tuberculosis; and their autopsy showed modifications evidently connected with alcoholic degeneration, incrassation of the cranial bones, premature formation of suture, difference of weight between the two cerebral halves, and fatty degeneration of the liver.

This reminds us of the old Kentucky judge, who rose in a temperance meeting, hale, robust, and hearty, and sought to ridicule the lecturer, by offering himself as a living example to refute the assertion that alcohol produces any influence of an objectional nature on the organism, as he had used it all his life, and had reached a good old age, and continued strong and well. Investigation proved, however, that the speaker was childless, though he had been the father of eight children, none of whom had reached adult life, and this with a wife who had not known an infirmity or illness of importance in her life.

The influence of acute intoxication on dogs was investigated by subjecting a "robust, intelligent female dog" to intoxication with absinthe of commerce for the last three weeks of gestation. She gave birth to six young ones, three of which were dead born, while two were born thirty-six hours later than the four other ones.



Of the three living animals, two were well developed bodily, but with little intelligence; the third one remained behind in its growth, had intellectual defects, and anæmia. A female dog with degenerative phenomena in the nervous system, in consequence of acute alcoholic intoxication of the mother, was impregnated by a robust and intelligent dog, and gave birth to three dogs, the one of which showed numerous formative defects (club-foot, atrophy of several toes, etc.); another died, atrophical foramen botallis being preserved, and the third one suffered from constipation and paralysis of the posterior extremity.

The translation from which we glean these points is to be found in the *Pacific Record of Medicine and Pharmacy*.

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### IN MEMORIAM.

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DIED in Oakland, August 5, 1888, at 2:45 P. M., O. P. Warren, M. D.

Dr. Warren was born in Vermont, July 10, 1810. Early in life, being himself an invalid, he was thrown into the company of medical men. Imbibing a taste for medicine, he studied for that profession, and practiced in Pittsfield for years. In 1852 he came to this coast, practicing his profession in San Francisco for a number of years, where, by his practice and the advance in real estate, he made considerable money. Twenty years ago he came to Oakland, bought a fine property, and built a beautiful home, but through business reverses in connection with mining property he had to sacrifice his property, and was plunged into financial difficulties. Though advanced in years, he went to work with indomitable zeal to extricate himself. In this he succeeded, so that his last days have been spent in comfort. As a physician he links the present with the past to a remarkable extent. Contemporary and familiar as he was with such men as Beach and Thompson, he knew the struggle that had been waged to rend from a bigoted school in power the liberty which we enjoy to-day. In his early days he saw the wrecks that had been brought about by the wrong administration of calomel, and other none the less murderous weapons of his old-school contemporaries, and the thought that any of his Eclectic brethren should use such a remedy in the most attenuated form was sufficient to arouse him, even when in his most phlegmatic moods. He was a great organizer, and did good service in the State society, and has been elected every year without opposition for a good many years as Treasurer of



that society. He also ably filled the presidential chair one or more terms. And when the roll is called his familiar form will be sadly missed.

As a man he was one of the very positive kind; what he knew *he knew*; this made it difficult at times to work with him, but he was eminently honest, and, as the writer knows, glad to put himself right when, by his impulsive spirit, he had been led to trespass on the rights of another. As a physician, many of his methods were crude; this was the fault of early training. In his practice he was successful, and by that success he made hosts of warm friends who will ever keep his memory green.

As a surgeon, he was eminently conservative; he had strong faith in the recuperative powers of the body, and a keen insight into the possibilities for recovery. I have sometimes thought he was too backward to lop off; but the end has generally justified the means, and a goodly number have been permitted to live with all their limbs who, if it had not been for Dr. Warren, would have been maimed and mutilated. The interests of the reformed school lay near his heart. Taking him all in all, it will be a long time before we see his equal again. August 7, followed by many of his friends, his body was carried to the vault he had prepared for his reception years ago. And till time shall be no more, we say, Farewell, doctor.

J. FEARN.

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### EDITORIAL NOTES.

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THE *Pacific Record of Medicine and Surgery* has just finished its second volume.

ATTENTION is called to the anatomical atlas advertised in this number of the JOURNAL. To anyone desiring a work of the kind this is a bargain.

OUR June number furnished the *Physio-Medical Journal* material for quite an interesting editorial, which appeared in its July issue.

J. G. MURRELL, M. D., of Glenville, recently spent a few days in Oakland and San Francisco. The doctor is the inventor of an adjustable head-rest for adding to the comfort of a bedridden invalid.

F. P. MITCHELL, M. D., of Redding, visited San Francisco the latter half of July. He reports a good practice and general prosperity in the section and city.



WE need a series of articles on surgical subjects to bring the JOURNAL up to a higher stand of usefulness. We have subscribers and readers who are doing enough surgical practice to warrant contributions of this character. Can we not hear in this respect from some of them?

THERE is an increasing demand for the JOURNAL. We will have the largest circulation of any journal on this coast in the near future, and expect to send a copy regularly to every wide-awake Eclectic in the United States before many years. Why a physician can be content to confine his medical reading to one periodical, we cannot understand, except that habit, that all-powerful regulator of human affairs, has so ordained it with many. No one will lose by a liberal perusal of current medical literature. Those of our subscribers who will take the trouble to look over the old files will observe that we have not been behind in grasping at the principal points of improvement and progress made within the past few years. We are aiming to supply the best. We do supply the best.

THE California Medical College is in a healthy condition at the present time. The class is full of ambition, impatient of delay, and anxious that every hour should be filled—something that cannot be said of many medical classes. The bent of mind is eminently practical. Our students will not be highly drilled in *bacilli*, *germs*, *zymes*, or *phytes* when they graduate, but these, like the proposed victims of the Lord High Executioner, "never will be missed, they never will be missed." Our graduates have stirred up more than one "scientific" practitioner within the past few years, to the importance of a better practical knowledge of therapeutics. We teach some things that cannot be found in the books. This is because we are not orthodox. With the completion of our new building we will inaugurate a new era in the history of Eclectic medicine on this coast. In spite of Professor Scudder's "history," we stand on our own foundation—and a good one at that—mentally, morally, physically and financially. Keep your eyes and ears open and see if this does not prove correct.

### MISCELLANY.

*Indignant Physician*—"Man, what have you done? You sent my patient the wrong prescription, and it killed him."

*Druggist* (a calm man, accustomed to abuse)—"Vell, vhat vas the matter mit you? Last veeek I send your odder patient der righd berscription, and dot killed him. How can somebody blease sooch a man?"—*Courier-Record of Medicine (Texas)*.



THE monobromide of camphor has been successfully used in the treatment of spermatorrhea, where a host of the usual remedies had been administered with no satisfactory results; finally, the monobromide of camphor was given in two to three-grain doses, four times daily, with prompt effect and perfect cures.

This remedy is especially indicated or adapted to old-standing cases, where the seminal emissions are dependent upon a morbid and relaxed condition of the generative organs.—*Pacific Record of Medicine and Surgery*.

NEW METHOD OF OBTAINING VACCINE.—Dr. W. C. Criggs states that he has vaccinated nearly three thousand infants, with only one complete failure, with lymph obtained in the following manner: A small bead of pure glycerine is dropped on the center of each pock, and the top of the vesicle is gently rubbed with a smooth, blunt instrument (*e. g.*, the round glass head of a shawl-pin). In two or three minutes the drop will have increased to double its size, if the vesicle contained a good supply of lymph, and may be used for vaccinating in the ordinary way.—*Medical Times, Pa.*

STAPHYLOCOCCUS AUREUS AND GLUCOSE.—At one of the seances of the Medical Society of Varsovie (January, 1888), Dr. Bujvid made a communication on the *conditions of suppuration*, and notably on the *influence of glucose in the suppurative processes*. In a diabetic subject with frequent cutaneous abscesses, Bujvid found always and only the *staphylococcus aureus* in the pus. Under the influence of the diabetic regimen the sugar disappeared, and the abscesses also. It was the well-known fact of the frequencies of abscesses in diabetics that induced the experiments. He assured himself that subcutaneous injections of microbes, in the rabbit and mouse, were not capable of determining suppuration, but an abscess was surely produced by adding to the liquid a solution of five to twenty per cent of glucose. When he injected sugar in the blood, and the staphylococcus under the skin, he had always a cutaneous necrose, while the subcutaneous injection of sugar produced no effect.

The author concludes that the presence of sugar in the tissues of the diabetic, is an excellent condition for the development of the micro-organisms of suppuration. That a rabbit is very well able to support about eight millards of the microbes of suppuration, while a mouse is killed by about one millard, but if an injection of glucose is made, a very much smaller quantity of microbes suffices to kill both these animals by pyæmia.—*Gazeta lekarska, No. 16, Lyon Med.*



ATROPIA INJECTIONS FOR GONORRHEA.—I wish to call the attention of your readers to the value of urethral injections of sulphate of atropia in urethral and vesical irritability produced by gonorrhea. When gonorrhea is accompanied with much vesical irritation, frequent urination, and tenesmus, I find the symptoms speedily relieved by an injection of one-quarter to one-half grain of sulphate of atropia, in one or two drachms of water, pressed gently along the urethra into the bladder. I have resorted to this method in several cases with the happiest results. I also used it in a patient who had taken an overdose of cantharides, which produced great vesical tenesmus and pain in passing water. One injection gave immediate relief. I leave the injection in the bladder, and have never seen any poisonous effects from the drug. I think it superior to the salts of cocaine, and the effects more lasting. If any of your many readers have used the atropia as I have above directed, I would be pleased to hear of their results. —D. W. Boone, M. D., in *Medical and Surgical Reporter*.

ANTIPYRIN IN THE TREATMENT OF SEMINAL EMISSIONS.—The older remedies for this affection, camphor and lupulin, have very properly been abandoned. Kurschmann says that the sedative action of lupulin on the genital organs is far from demonstrated, and the employment of camphor is not more reliable, although Zeissl Purjesz and others consider it the best remedy in this affection. Nux vomica, arsenic and atropine have also been recommended, while Diday prefers the bromides of potassium and sodium to all other remedies. He recommends from thirty to eighty grains of the bromide of potassium to be taken on retiring. But these large doses of bromide will produce acne, and are also liable to induce mental enfeeblement. In order to avoid the dangers of bromides, Thor, of Bucharast, has been experimenting with antipyrin in the treatment of these affections. He advises the patient to take from seven to fifteen grains of the drug on retiring. In seventeen cases he has completely cured the complaint, without any unpleasant consequences. According to Beart, antipyrin is useful in neurasthenia of the sexual organs, but in these cases from one to two grains a day should be given. —*Revista de Ciencias Medicas*.

FOR SALE: A very large new anatomical atlas, price \$25. Cost price, \$44. Inquire in drug store, 1470 Seventh Street, Center Station, Oakland, Cal.



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**BOOK NOTICES.**

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**ATLAS OF VENEREAL AND SKIN DISEASES.** Comprising original illustrations and selections from the plates of Prof. M. Kaposi of Vienna, Dr. J. Hutchinson of London, Prof. I. Neumann of Vienna, Profs. A. Fournier and A. Hardy, and Drs. Ricord, Cullerrier, Besnier and Vidal of Paris, Prof. Leloir of Lille, Dr. P. A. Morrow of New York, Dr. E. L. Keyes of New York, Dr. Fessenden N. Otis of New York, Dr. J. Nevins Hyde of Chicago, Dr. Henry G. Piffard of New York, and others; with original text by Prince A. Morrow, A. M., M. D., clinical professor of venereal diseases, formerly clinical lecturer on dermatology, in the University of the city of New York, Surgeon to Charity Hospital, etc. Published by Wm. Wood & Co, 56 and 58 Lafayette Place, New York.

This work will consist of fifteen monthly parts, each containing five folio chromo-lithographic plates, many of them containing numerous figures all printed in flesh tints and colors, together with descriptive text for each plate, and from sixteen to twenty folio pages of a practical treatise upon venereal and skin diseases; the whole forming, when complete, one magnificent thick folio volume, with seventy-five plates containing several hundred figures exquisitely printed in colors. This work will be sold by subscription only, at the very moderate price of \$2.00 per part.

**PART I.**—Part first is devoted to the subject of venereal disease. Chancroids and buboes are depicted in various conditions in both subjects by five folio-colored plates, each fully explained by an accompanying page of text. The introduction to the text of the work proper consists of an able and concise article on the subject of the "Doctrines of Unity and Duality" in relation to venereal sores. Then follows an article on "Chancroid," which subject is considered with respect to location, clinical features, and course, varieties, peculiarities depending upon location, complications, etc., diagnosis, prognosis, anatomy and treatment, which is divided into prophylactic, abortive and methodic.

**PART. II.**—The plates in this part are devoted to the delineation of mixed chancres, the primary and secondary lesions receiving due consideration. The text is devoted to consideration of syphilis, the course, and general characteristics, nature of the virus, its sources, mode of infection, the chancre—clinical appearances, varieties of the initial seat of the chancre, extragenital



chancres, number of lesions, syphilitic bubo, anatomy of the chancre and diagnosis.

PART III.—The plates in this part represent varieties of constitutional syphilis upon the cutaneous surface, secondary forms being principally represented. The text continues the consideration of syphilis and the divisions of the differential diagnosis of chancre and chancroid, and the treatment of chancre. Secondary syphilis is treated under the heads: Period of Secondary Incubation, Prodromal Symptoms, General Characteristics of Syphilides, Classification of the Syphilides, the Erythematous Syphilide, Diagnosis of Syphilides, Prognosis of Syphilides and the Pustular Syphilide.

THE PRACTICE OF MEDICINE OR THE SPECIFIC ART OF HEALING. By I. J. M. Goss, M. D., Professor of the Practice of Medicine in the Georgia Eclectic College of Medicine and Surgery. Published by W. I. Keener, 96 Washington Street, Chicago, Illinois.

Professor Goss' new work, a copy of which has now been on our table several weeks, is a decided improvement over the "American Practice of Medicine," issued by Samuel Miller, of Philadelphia, several years ago. The volume is neatly gotten up and is a credit mechanically to the taste and enterprise of the house issuing it. The text also evinces more care in preparation than the former one, and it cannot fail to become an acceptable work of reference to every member of our school, as well as one which from its external appearance will be something of an ornament to his library. As much could not be said of the old work, which, though meritorious in many ways, was so slovenly in external appearance as to condemn it on sight.

Dr. Goss' power does not lie in elegance of diction, or in strict adherence to the technicalities of medicine, so much as in a thorough knowledge of the materia medica, and its adaptation to the treatment of disease. Though advanced in years, the author is in the foremost rank among those who are investigating the rapidly-accumulating rubbish of new remedies, and he has uncovered many a treasure in his time, which, in the medical treatment of disease, discounts all the science (?) which the study of orthodox medicine has ever contributed. The book will be found not only a safe guide in the management of disease, but it offers



a variety of reliable information on treatment which cannot be found elsewhere. For this reason we advise all our readers to buy it.

Eclectic text-books are not so plenty that this one can be neglected; and Eclectic practitioners are not so poor that they cannot afford to buy several new books every year. In many respects it will be found the best guide to practice ever offered the medical profession by any writer.

Many remedies are mentioned which will be better understood by reference to Professor Goss' new work on materia medica, which is also published and for sale by the house of W. T. Keener, Chicago.

**A PRACTICAL TREATISE ON THE MEDICAL AND SURGICAL USES OF ELECTRICITY.** By George M. Beard, A. M., M. D., and A. D. Rockwell, A. M., M. D. Sixth edition. Revised by A. D. Rockwell, M. D., New York. William Wood & Co. 1888.

This old and well-known work on the use of electricity in the healing art, has recently been revised. The principal changes have been in the chapters devoted to gynecology, which have been entirely rewritten. This has been the leading text-book on the subject by American authority for years, and still holds an honorable position.

**DISEASE OF THE MALE URETHRA.** By Fessenden Otis, M. D.

This is one of Geo. A. Davis' "Physician's Leisure Library" series. It deals with the male urethra, its diseases and reflexes, tersely and comprehensively. The author has had extensive experience in this class of diseases, and his opinions must command respect. Geo. A. Davis, publisher, Detroit, Mich.

**PARTIAL SYLLABIC LISTS OF THE BLOOD, SPUTUM, FECES, SKIN, URINE, VOMITUS, FOODS, INCLUDING POTABLE WATERS, ICE AND THE AIR, AND THE CLOTHING (AFTER SALISBURY).** By Ephraim Cutter, M. D. Published by the author at Broadway and Fifty-fifth Street, New York. Price in cloth, \$1.00.

**AN EXPERIMENTAL CONTRIBUTION TO INTESTINAL SURGERY,** with special reference to the treatment of intestinal obstruction. Read in the Surgical Section of the Ninth International Medical College, Washington, Sept. 5, 1887. By Nicholas Lun, M. D., Ph. D. Published by J. H. Chambers & Co., 914 Locust Street, St. Louis.

T. WERTZ, M. D., (*Progress*) recommends turpentine as a local application to abate mammary abscess.